

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JOSHUA JONATHAN JOSEPH  
GUMORA,

Plaintiff,

-against-

COVINGTON, CORRECTIONS  
OFFICER, SECURITY & MOVEMENT  
SUPERVISOR RNDC RIKERS, ET AL,

Defendants.

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC #:  
DATE FILED: 2/11/2025

**ORDER**

24-CV-6550 (JAV) (HJR)

**HENRY J. RICARDO, United States Magistrate Judge:**

Plaintiff, who is incarcerated at the Robert N. Davoren Center (“RNDC”) on Rikers Island, is proceeding *pro se* and *in forma pauperis*. He filed this action under 42 U.S.C. § 1983, alleging that Defendants violated his federally protected rights, in connection with events occurring at RNDC and other facilities on Rikers Island (the Eric M. Taylor Center, and the Otis Bantum Correctional Center).

Since the filing of the Complaint, the Court has received additional information in various filings regarding the claims brought and defendants named in this action:

- By Waiver of Service dated October 22, 2024, the City identified Defendants previously named as “Covington,” “Harris,” “Chester,” “Blow,” “Gustave,” “Hilton,” “Susanka,” and “Ceaser” as Corrections Officer Simod Covington, Deputy Warden Petchula Harris, Deputy Warden Solomon Chester, Captain Shirley Blowe, Captain George

Gustave, Captain Mercedes Hilton, Captain Viashanti Susankar, and Captain Kirk Cesar. ECF No. 11.

- By Email, the City identified a Defendant named as “Intake Physician Doe” as Pauline Saintu, who was served on December 5, 2024. ECF Nos. 13, 16.
- By Waiver of Service dated November 22, 2024, the City identified Defendants previously named as “Jean-Baptiste” and “Acosta” as Captain Peter Jean Baptiste and Corrections Officer Ruth Acosta. ECF No. 15.
- By Letter dated January 3, 2025, Plaintiff added new defendants and claims. ECF No. 22.
- By Letter dated January 7, 2025, the City identified a Defendant previously named as “CO Tragueno” as Corrections Officer Luz Trigueno, Shield No. 5225. ECF No. 21.
- By Letter dated January 30, 2025, Plaintiff identified a Defendant previously named as “Warden Doe EMTC” as Soloman Chester of RNDC.<sup>1</sup> ECF No. 28.

The Court directs Plaintiff to file one amended complaint in which he:  
(1) names all Defendants he seeks to hold liable in connection with the events giving rise to this action; and (2) sets forth all of his claims. The amended

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<sup>1</sup> By order dated February 3, 2025, the Court asked that Defendant Chester waive service of summons. ECF No. 29.

complaint should be filed by March 12, 2025 and will replace, not supplement, the original complaint. Once Plaintiff has filed an amended complaint, the Court will screen it and issue any necessary orders. An amended complaint form that Plaintiff should complete is attached to this order.

Accordingly, the deadline for Defendants to file their motion to dismiss the operative complaint is adjourned to March 26, 2025. Plaintiff's opposition, if any, is due April 23, 2025. Defendants' reply is due May 14, 2025.

The Clerk of Court is respectfully directed to mail a copy of this order to the *pro se* litigant.

SO ORDERED.

Dated: February 11, 2025  
New York, New York

  
HENRY J. RICARDO  
United States Magistrate Judge



Defendant No. 2 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Who did  
what?

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

\_\_\_\_\_  
\_\_\_\_\_

B. Where in the institution did the events giving rise to your claim(s) occur?

\_\_\_\_\_

C. What date and approximate time did the events giving rise to your claim(s) occur?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Facts: \_\_\_\_\_

What  
happened  
to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

**III. Injuries:**

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

**IV. Exhaustion of Administrative Remedies:**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_ No \_\_\_\_

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_ No \_\_\_\_ Do Not Know \_\_\_\_

If YES, which claim(s)?

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_ No \_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes \_\_\_\_ No \_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

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1. Which claim(s) in this complaint did you grieve?

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2. What was the result, if any?

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3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

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- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

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Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). \_\_\_\_\_

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**VI. Previous lawsuits:**

On  
these  
claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_ No \_\_\_\_

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

\_\_\_\_ 3. Docket or Index number \_\_\_\_\_

\_\_\_\_ 4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_ No \_\_\_\_

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

\_\_\_\_ 3. Docket or Index number \_\_\_\_\_

\_\_\_\_ 4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature of Plaintiff \_\_\_\_\_  
Inmate Number \_\_\_\_\_  
Institution Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: \_\_\_\_\_